

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017750

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356Primary Registration District No. 4521Registrar's No. 34

FILED APR 26 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		c. CITY OR TOWN <b>Burdine twp.</b>	
Length of stay in lb <b>5 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Texas County Mem. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>5 mi. NE Cabool</b>	
3. NAME OF DECEASED (Type or print) <b>Herbert Cook</b>		4. DATE OF DEATH Month <b>4</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/14/1881</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cumberworth, England</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mumby</b>	
14. NAME OF HUSBAND OR WIFE <b>George Cook, Cabool, Mo.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT <b>George Cook, Cabool, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Intra abdominal Hemorrhage secondary to Carcinomatosis secondary to Carcinoma of prostate gland</b> DUE TO (b) <b>[redacted]</b> DUE TO (c) <b>[redacted]</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>[redacted]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[redacted]</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>[redacted]</b>		20c. TIME OF INJURY Hour <b>[redacted]</b> a.m. <b>[redacted]</b> p.m. <b>[redacted]</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[redacted]</b>	
20f. CITY, TOWN, OR LOCATION <b>Houston</b>		COUNTY <b>Mo.</b> STATE <b>Texas</b>	
21. I attended the deceased from <b>4/15/62</b> to <b>4/15/62</b> and last saw him alive on <b>4/15/62</b> . Death occurred at <b>10:00</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> (Degree or title) 22b. ADDRESS <b>Houston, Mo.</b>	
22c. DATE SIGNED <b>4/17/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
23b. DATE <b>4/17/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	
23d. LOCATION (City, town, or county) <b>Texas County, Mo.</b>		24. FUNERAL DIRECTOR <b>Elliott-Gentry Funeral Home, Cabool</b>	
25. DATE RECD. BY LOCAL REG. <b>4-19-62</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James Reilly*

Licensed Embalmer No. 4718

P. O. Address Calverton, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.